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<b>PATENT APPLICATION FEE DETERMINATION RECORD</b>						Application or Docket Number	
Substitute for Form PTO-875							
<b>APPLICATION AS FILED – PART I</b>							
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))							
SEARCH FEE (37 CFR 1.16(k), (l), or (m))							
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))							
TOTAL CLAIMS (37 CFR 1.16(i))	36 minus 20 =	16	X	=	OR	16 x 18 =	288.00
INDEPENDENT CLAIMS (37 CFR 1.16(h))	2 minus 3 =	3	X	=	OR	X	=
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							
* If the difference in column 1 is less than zero, enter "0" in column 2.							
<b>APPLICATION AS AMENDED – PART II</b>							
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(i))	36 Minus	36	= 0	X	=	OR	X
Independent (37 CFR 1.16(h))	2 Minus	3	= 0	X	=	OR	X
Application Size Fee (37 CFR 1.16(s))							
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							
TOTAL ADD'L FEE							
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(i))	* Minus	**	=	X	=	OR	X
Independent (37 CFR 1.16(h))	* Minus	***	=	X	=	OR	X
Application Size Fee (37 CFR 1.16(s))							
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							
TOTAL ADD'L FEE							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".							
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".							
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**FEE TRANSMITTAL**

Electronic Version v08  
Stylesheet Version v08.0

**Title of  
Invention**

**SYSTEM AND METHOD FOR VISUALIZING DATA IN A THREE-  
DIMENSIONAL SCENE**

Application Number:

Date:

First Named Applicant: SIMON G. FLEURY

Attorney Docket Number: 19.0343

**TOTAL FEE AUTHORIZED \$1038**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

**BASIC FILING FEE**

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	1001	750	750
Subtotal For Basic Filing Fee: \$750			

**EXTRA CLAIM FEES**

Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$
Total Claims: 36	16	1202	18	288
Independent Claims: 2	0	1201	84	0
Subtotal For Extra Claims Fees: \$ 288				

**AUTHORIZED BILLING INFORMATION**

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 190610

Access Code \*\*\*\*

Deposit name: SCHLUMBERGER OILFIELD SERVICES

Deposit authorized name: BRIGITTE L. JEFFERY